

FEB 14 2007

AFJW

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number **09/758,939**Filing Date **January 10, 2001**First Named Inventor **Jennifer Lu**Art Unit **2627**Examiner Name **Christopher R. Magee**Mail Stop **AF**Attorney Docket Number **SJ09-2000-0158****ENCLOSURES (Check all that apply)**

- No fee due  
Fee Transmittal**
- Fee(s) due: \$ \_\_\_\_\_  
Fee Transmittal**
- Check enclosed
- Charge Deposit Account No. 18-0580
- 37 CFR § 1.16
- 37 CFR § 1.17
- The Commissioner is  
authorized to charge any  
underpayment or credit any  
overpayment to Deposit  
Account No. 18-0580**
- Return postcard**
- Amendment/Response**
- After Final**
- Affidavits/declaration(s) - \_\_\_\_\_  
Affidavits/declaration(s)
- \_\_\_\_\_-Month Extension of Time

- Terminal Disclaimer
- Information Disclosure Statement & PTO-Form 1449
- Copies of cited reference(s)
- Response to Missing Parts / Incomplete Application
- Declaration(s) by Inventor(s)
- Preliminary Amendment
- Updated Application Data Sheet
- Drawing(s) - \_\_\_\_\_ Sheets
- Compact Disk(s) - \_\_\_\_\_ CD(s)
- Petition
- Power of Attorney & Address Indication Form

- Revocation of & New Power of Attorney, Address Indication Form
- Request for Refund
- After Allowance Communication to a Technology Center (TC)
- Appeal Communication to Board of Appeals and Interferences
- Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- Other Enclosure(s):

**REMARKS****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm or Individual Name  
(print/type)**Flavio M. Rose, Reg. No. 40,791  
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.**

Telephone

**(650) 251-7700**

Signature

Date

**February 12, 2007****CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below

Name (print/type)

**Joe Clark**

Signature

Date

**February 12, 2007**



# FEE TRANSMITTAL for FY 2006

Effective 10/01/03. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **0.00**

*Complete if Known*

Application Number	09/758,939
Filing Date	January 10, 2001
First Named Inventor	Jennifer Lu
Examiner Name	Christopher R. Magee
Group Art Unit	2627

Attorney Docket No. **SJ09-2000-0158**

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account No.	<b>18-0580</b>
Deposit Account Name	Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge any underpayment or credit any overpayments
- Charge any additional fee(s) during the pendency of this application
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH AND EXAMINATION FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	790	2001	395
1011	300	2011	150
1111	500	2111	250
1311	200	2311	100
1081	250	2081	125
		Utility filing fee (filed on or before 12/8/04)	
		Utility filing fee (filed after 12/8/04)	
		Search Fee	
		Examination Fee	
		For each additional 50 sheets exceeding 100	
		<b>SUBTOTAL (1)</b>	<b>\$</b>

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	28	- 40** =	0	x		=	
Independent Claims	1	- 4** =	0	x		=	
Multiple Dependent							

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	50	2202	25
1201	200	2201	100
1203	360	2203	180
1204	200	2204	100
1205	50	2205	25
		Claim in excess of 20	
		Independent claims in excess of 3	
		Multiple dependent claim, if not paid	
		** Reissue independent claims over original patent	
		** Reissue claims in excess of 20 and over original patent	
		<b>SUBTOTAL (2)</b>	<b>\$</b>

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1,100	2503	550
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
1814	130	2814	65.00
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	
		<b>SUBTOTAL (3)</b>	<b>\$</b>

\*Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Name (Print/Type)	Flavio M. Rose	Registration No. (Attorney/Agent)	40,791	Telephone	Complete (if applicable)
Signature				Date	February 12, 2007